

WISCONSIN'S RTAP SCHOLARSHIP PROGRAM GUIDELINES

(Revised January 1, 2003)

I. Program Goals

- * To further the development of the skills and abilities of persons involved in providing passenger service to the state's rural and small urban areas.
- * To encourage the development of professional networks among Wisconsin transportation providers.
- * To offset some of the costs of attending national, state, and local transit training and educational programs.

II. Eligibility

Any agency or organization within the state responsible for providing passenger service to the state's rural and small urban areas. Training of drivers, dispatchers, and mechanics is encouraged.

III. Scholarship Administration

Amounts

In order to spread the scholarship funds among as many eligible participants as possible, three categories of scholarships have been established, each with a dollar limit:

Category A: \$350 to \$1,000

Category B: less than \$350

Category C: Group/In House Training (\$1,500 Max.)

No individual scholarship in excess of \$1,000 will be approved. The scholarship will cover up to 75% of the total eligible expenses as defined in this document for training or conferences attended in-state, up to the approved maximum. Scholarships for out-of-state training or conferences will cover up to 50% of the total eligible expenses, up to the approved maximum. The organization or individual is responsible for the remaining portion of the costs.

No one organization or person will receive more than one (1) Category A scholarship in any calendar year. There will be no limit on the number of Category B scholarships that one organization can receive. Category C scholarships will not affect the normal limitations specified above.

Eligible Training

Courses, seminars, workshops, and conferences with subject matter applicable to the rural passenger transportation industry. The training delivered by a third party can be in-house, in-state, or out-of-state. Certain training materials are also eligible for purchase especially if these materials can be shared with other organizations.

Selection Process

All applications will be reviewed on a first come-first served basis by the RTAP Coordinator. Applications will be evaluated on the basis of:

- (1)the balance of funds remaining in the scholarship program;
- (2)applicant eligibility;
- (3)training/conference eligibility;
- (4)the category of scholarship; and
- (5)previous agency or individual scholarship awards.

The RTAP Coordinator will approve or disapprove the application in writing within two (2) weeks from the date of receipt. Approval letters will contain the maximum reimbursement allowed under the scholarship.

Application for Scholarships

The RTAP Scholarship Application Form can be obtained from and must be submitted to:

**RTAP Coordinator
Wisconsin Department of Transportation
Bureau of Transit and Local Roads
P. O. Box 7913
Madison, WI 53707-7913**

A brochure or other descriptive information should accompany the application.

The application should be received by the RTAP Coordinator at least two (2) weeks prior to the start of the training/conference.

Eligible Expenses

Registration, lodging, travel expenses, and those meals not covered by the registration are eligible for scholarship reimbursement.

The maximum allowable reimbursement for meals not covered by the registration fee will be as follows:

<i>Breakfast</i>	<i>\$ 8.00</i>
<i>Lunch</i>	<i>\$ 9.00</i>
<i>Dinner</i>	<i>\$17.00</i>

Lodging cannot exceed the training/conference site rate.

Travel costs:

In-state – 32.5¢ per mile

Out-of-state – 32.5¢ per mile or air fare, whichever is less

Requests for Reimbursement

Requests for reimbursement must contain the following documentation:

- (1) detailed expense information;
- (2) receipts of all eligible expenses except for meals;
- (3) copy of the training/conference agenda;
- (4) copy of the scholarship approval letter; and
- (5) training/conference evaluation report.

The attendee must submit a brief report and evaluation of the training/conference along with the request for reimbursement. The report will summarize the information and experience gained at the training/conference and its value in the performance of the person's job duties. The evaluation will be used to determine the appropriateness of subsequent scholarships to the same or similar training sessions.

Forms on which to file for reimbursement will be sent with the letter approving the scholarship.

Requests for Reimbursement must be submitted within 6 months of the conference or training event. If reimbursement is not requested within that time period, the scholarship will be voided and no payments issued.

**WISCONSIN RTAP SCHOLARSHIP PROGRAM
APPLICATION FORM
(Revised January 1, 2003)**

AGENCY/ORGANIZATION: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): ____ - ____ - ____

ADDRESS: _____

TELEPHONE: _____

OFFICIAL/OFFICER: _____

WHAT RESPONSIBILITIES DOES YOUR AGENCY/ORGANIZATION HAVE FOR PROVIDING
PASSENGER TRANSPORTATION IN THE SMALL URBAN AND RURAL AREAS?

NAME OF PROGRAM TO BE ATTENDED: _____

Date: _____
Location: _____
Sponsor: _____

NAME OF ATTENDEE: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

POSITION: _____

REASON FOR PROGRAM ATTENDANCE AND SCHOLARSHIP REQUEST:

BUDGET INFORMATION

	<u>EXPENSE CATEGORY</u>	<u>ESTIMATED COST</u>
1.	REGISTRATION FEE OR TUITION	\$ _____
2.	LODGING	
	_____ nights at \$ _____ each	\$ _____
	Is this a special conference/training program rate? _____ Yes _____ No	
3.	TRAVEL COSTS	
	<u>In-state:</u>	
	_____ miles @ 32.5¢/mi.	\$ _____
	<u>Out-of-state:</u>	
	Air fare (plus)	\$ _____
	Airport ground transportation	\$ _____
	Total	\$ _____
	or	
	_____ miles @ 32.5¢/mi. \$ _____	
	whichever is less	\$ _____
4.	MEALS NOT COVERED BY REGISTRATION	
	Breakfast _____ at \$ _____ each	
	Lunch _____ at \$ _____ each	
	Dinner _____ at \$ _____ each	
	TOTAL	\$ _____
5.	TOTAL ESTIMATED EXPENSES	\$ _____
6.	RTAP SHARE OF TOTAL ESTIMATED EXPENSES (75% in-state, 50% out-of-state)	\$ _____
7.	SUBMITTED BY: (Name and signature)	_____ _____
8.	DATE SUBMITTED:	_____

01/03

WISCONSIN RTAP SCHOLARSHIP PROGRAM

**REQUEST FOR REIMBURSEMENT
(Revised January 1, 2003)**

AGENCY/ORGANIZATION: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): ____ - ____ - ____

ADDRESS: _____

TELEPHONE: _____

OFFICIAL/OFFICER: _____
(Name and signature) _____

NAME OF PROGRAM ATTENDED: _____

Date: _____

Location: _____

Sponsor: _____

ATTENDEE: _____

(Name and signature) _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

POSITION: _____

WHO SHOULD THE REIMBURSEMENT CHECK BE MADE OUT TO? _____

EXPENSE INFORMATION

EXPENSE CATEGORY	ACTUAL COSTS				TOTALS
1. REGISTRATION FEE OR TUITION					\$
2. DAILY EXPENSES	LODGING	MEALS			
Date		Breakfast	Lunch	Dinner	
TOTAL					
TOTAL DAILY EXPENSES					\$
3. TRAVEL COSTS					\$
4. GRAND TOTAL					\$
5. REIMBURSEMENT REQUEST (75% in-state, 50% out-of-state)					\$
6. SCHOLARSHIP AMOUNT APPROVED					\$

CERTIFICATION

I certify that the expenses described in this Reimbursement Form were incurred as part of the attendance and participation at the program identified on opposite side of this form.

Applicant

Date

***** RECEIPTS FOR ALL EXPENDITURES EXCEPT MEALS MUST BE ATTACHED *****

THIS REQUEST MUST BE SUBMITTED WITHIN 6 MONTHS OF THE CONFERENCE/TRAINING EVENT TO RECEIVE PAYMENT. REQUESTS RECEIVED AFTER 6 MONTHS WILL BE RETURNED UNPAID.

WISCONSIN RTAP SCHOLARSHIP PROGRAM
CONFERENCE/TRAINING EVALUATION REPORT

1. NAME OF ORGANIZATION: _____
2. NAME OF ATTENDEE: _____
3. NAME OF CONFERENCE/TRAINING PROGRAM: _____

4. DATE(S) HELD: _____
5. LOCATION: _____
6. SPONSOR: _____

7. Briefly describe the topic or theme and the content of the conference/training program, and note the specific workshops, panel discussions, conference sessions, etc. that you attended. Please attach a copy of the conference or training program agenda, if available.

8. How does the information or experience you gained relate to your job duties? How valuable will it be to your performance of those duties?

-OVER-

9. How would you rate the program in terms of the substantive information presented?

- ☐ Invaluable
- ☐ Very useful
- ☐ Useful
- ☐ Slightly useful
- ☐ Not at all useful

10. How would you rate the program as an opportunity to meet and communicate with your peers in the transit industry?

- ☐ Invaluable
- ☐ Very useful
- ☐ Useful
- ☐ Slightly useful
- ☐ Not at all useful

11. Would you recommend attendance at this program in the future for other persons involved in rural passenger transportation?

- ☐ Yes
- ☐ No

12. Why or why not?

**WISCONSIN RTAP SCHOLARSHIP PROGRAM
APPLICATION FORM - IN HOUSE TRAINING
(Revised January 1, 2003)**

AGENCY/ORGANIZATION: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): ____ - ____ - ____

ADDRESS: _____

TELEPHONE: _____

OFFICIAL/OFFICER: _____

POSITION: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

WHAT RESPONSIBILITIES DOES YOUR AGENCY/ORGANIZATION HAVE FOR PROVIDING PASSENGER
TRANSPORTATION IN THE SMALL URBAN AND RURAL AREAS?

NAME OF TRAINING TO BE PROVIDED: _____

Date: _____

Location: _____

Provider(s): _____

ESTIMATED NUMBER OF PERSONS TO ATTEND TRAINING: _____

REASON FOR IN HOUSE TRAINING AND SCHOLARSHIP REQUEST:

**IN HOUSE TRAINING
BUDGET INFORMATION**

	<u>EXPENSE CATEGORY</u>	<u>ESTIMATED COST</u>
1.	TRAINER/SPEAKER COSTS	\$ _____
2.	TRAINING MATERIALS	\$ _____
3.	REPRODUCTION COSTS	\$ _____
4.	TRAVEL COSTS	
	_____ miles @ 32.5¢/mi.	\$ _____
5.	REFRESHMENTS/MEALS	\$ _____
6.	OTHER COSTS (list)	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
7.	TOTAL ESTIMATED EXPENSES	\$ _____
8.	SEVENTY-FIVE (75) % OF TOTAL ESTIMATED EXPENSES	\$ _____
9.	SUBMITTED BY: (Name and signature)	_____ _____
10.	DATE SUBMITTED:	_____

WISCONSIN RTAP SCHOLARSHIP PROGRAM
REQUEST FOR IN HOUSE TRAINING REIMBURSEMENT
(Revised January 1, 2003)

AGENCY/ORGANIZATION: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): ____ - ____ - ____

ADDRESS: _____

TELEPHONE: _____

OFFICIAL/OFFICER: _____
(Name and signature) _____

POSITION: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF TRAINING PROVIDED: _____

Date: _____

Location: _____

Trainer(s): _____

ATTENDEES: *Provide a list of all attendees with their signatures*

EXPENSE INFORMATION

EXPENSE CATEGORY	ACTUAL COSTS	TOTALS
1. TRAINER/SPEAKER COSTS		\$
2. TRAINING MATERIALS		\$
3. REPRODUCTION COSTS		\$
4. TRAVEL COSTS		\$
5. REFRESHMENTS/MEALS		\$
6. OTHER COSTS (list items)		\$
		\$
		\$
		\$
7. GRAND TOTAL		\$
8. REIMBURSEMENT REQUEST (75% of Grand Total)		\$
6. AMOUNT OF SCHOLARSHIP REQUESTED ON APPLICATION		\$

CERTIFICATION

I certify that the expenses described in this Reimbursement Form were incurred as part of the attendance and participation at the program identified on opposite side of this form.

Applicant

Date

***** RECEIPTS FOR ALL EXPENDITURES MUST BE ATTACHED *****

THIS REQUEST FOR REIMBURSEMENT MUST BE SUBMITTED WITHIN 6 MONTHS OF THE CONFERENCE/TRAINING EVENT TO RECEIVE PAYMENT. REQUESTS RECEIVED AFTER 6 MONTHS WILL BE RETURNED UNPAID.

WISCONSIN RTAP SCHOLARSHIP PROGRAM

IN HOUSE TRAINING EVALUATION REPORT

1. NAME OF ORGANIZATION: _____
2. NAME OF RESPONDENT: _____
3. NAME OF IN HOUSE TRAINING PROGRAM: _____

4. DATE(S) HELD: _____
5. LOCATION: _____
6. SPONSOR: _____

7. Briefly describe the topic or theme and the content of the training program. Please attach a copy of the training program announcements & agenda, if available.

8. How will the information or training experience benefit your employees and/or your organization?

-OVER-

9. How would you rate the program in terms of the substantive information presented?

- _____ Invaluable
- _____ Very useful
- _____ Useful
- _____ Slightly useful
- _____ Not at all useful

10. How would you rate the trainers in their presentation of these materials and their interaction with the trainees?

- _____ Excellent
- _____ Very good
- _____ Good
- _____ Less than good
- _____ Bad

11. Would you recommend this training to your peers?

- _____ Yes
- _____ No

12. Why or why not?
